

SECTION 8. AND BE IT FURTHER ENACTED, That any and all obligations issued under this Act, their transfer, the interest payable on them, and any income derived from them from time to time (including any profit made in their sale) shall be and are hereby declared to be at all times exempt from State, county, municipal or other taxation of every kind and nature whatsoever within the State of Maryland.

Nothing in this Act shall prevent the County from authorizing hereunder the issuance and sale of bonds the interest on which is not excludable from gross income for federal income tax purposes.

SECTION 9. AND BE IT FURTHER ENACTED, That the authority to borrow money and issue bonds conferred on the County by this Act shall be deemed to provide additional, alternative and supplemental authority for borrowing money and shall be regarded as supplemental and additional to powers conferred upon the County by other laws and may not be regarded as in derogation of any power now existing; and all previously enacted laws authorizing the County to borrow money are hereby continued to the extent that the power contained in them is continuing or has not been exercised, unless any law is expressly repealed by this Act, and the validity of any bonds issued under previously enacted laws is hereby ratified, confirmed and approved. This Act, being necessary for the welfare of the inhabitants of Cecil County, shall be liberally construed to effect its purposes. All Acts and parts of Acts inconsistent with the provisions of this Act are hereby repealed to the extent of any inconsistency.

SECTION 10. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 1998.

May 21, 1998

The Honorable Casper R. Taylor, Jr.
Speaker of the House
State House
Annapolis MD 21401

Dear Mr. Speaker:

In accordance with Article II, Section 17 of the Maryland Constitution, I have today vetoed House Bill 922.

This bill requires each Medicaid managed care organization (MCO) to submit to the Department of Health and Mental Hygiene (DHMH) evidence of compliance with current law on MCO quality, outreach and access standards established by DHMH for participation in the Medicaid managed care program ("HealthChoice"). This information, including a written plan for outreach, must be provided to DHMH upon initial application to participate in HealthChoice and annually thereafter.

The bill provides that if an MCO does not comply with the above-mentioned requirements, DHMH may contract with any community-based health organization that is willing and able to perform comprehensive outreach services to enrollees. In addition, the bill provides that if an MCO fails to meet the standards required by DHMH or fails to demonstrate compliance with those standards, DHMH is